

**Blood Administration**

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Demonstrate blood product administration	##/##/####	Drop Down Choices: <i>each element</i> [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate blood product transfusion reaction assessment and treatment	##/##/####	
<input type="checkbox"/> Describe human factors that lead to patient injury associated with blood product administration	##/##/####	
<input type="checkbox"/> Educate patient/family about signs and symptoms to report during a blood transfusion	##/##/####	

**Clostridium Difficile (C. diff)**

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Initiate the nurse driven, C. diff protocol, including: <ul style="list-style-type: none"> <li>• Initiate isolation precautions</li> <li>• Hand hygiene</li> <li>• Donning/doffing PPE</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Describe human factors that lead to C. diff	##/##/####	
<input type="checkbox"/> Educate patient/family about the management of C. diff and rationale for isolation precautions	##/##/####	

**Catheter Associated Urinary Tract Infections (CAUTI)**

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Demonstrate safe insertion of an indwelling urinary catheter	###/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate safe removal of an indwelling urinary catheter	###/##/####	
<input type="checkbox"/> Demonstrate urinary catheter maintenance, including: <ul style="list-style-type: none"> <li>• Pericare every shift and PRN</li> <li>• Maintain tamperproof seal</li> <li>• Prevent dependent loops</li> <li>• Ensure collection bag is not on the floor or overfilled</li> </ul>	###/##/####	
<input type="checkbox"/> Describe human factors that lead to Catheter Associated Urinary Tract Infections (CAUTI)	###/##/####	
<input type="checkbox"/> Communicate the necessity of urinary catheter during handoff report and interdisciplinary rounds	###/##/####	
<input type="checkbox"/> Communicate the rationale for insertion and/or maintenance of the urinary catheter to the patient/family	###/##/####	

**Central Line-Associated Bloodstream Infections (CLABSI)**

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Demonstrate CVC dressing change	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate CVC access, including "scrub the hub"	##/##/####	
<input type="checkbox"/> Demonstrate CVC cap change	##/##/####	
<input type="checkbox"/> Describe human factors that lead to central line-associated bloodstream infections (CLABSI)	##/##/####	
<input type="checkbox"/> Communicate the necessity of CVC during handoff report and interdisciplinary rounds	##/##/####	
<input type="checkbox"/> Communicate the rationale for insertion and/or maintenance of the CVC to the patient/family	##/##/####	

**Fall Prevention**

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Perform/document the fall risk assessment	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate purposeful fall prevention rounding, including: <ul style="list-style-type: none"> <li>• 6Ps</li> <li>• Proactive toileting</li> <li>• Bed in low/locked position</li> </ul>	##/##/####	
<input type="checkbox"/> Demonstrate use of bed alarm, chair alarm, and other fall prevention measures individualized for the patient	##/##/####	
<input type="checkbox"/> Complete a post-fall assessment and documentation requirements	##/##/####	
<input type="checkbox"/> Describe human factors that lead to patient falls	##/##/####	
<input type="checkbox"/> Communicate fall risks and safety precautions to patient/family	##/##/####	

**Patient Education**

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Activate myUCLAhealth Bedside on patient tablet	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Set up proxy access for myUCLAhealth Bedside	##/##/####	
<input type="checkbox"/> Educate patient/family using the My Care flyer discussion points	##/##/####	
<input type="checkbox"/> Use MedUcation during patient education	##/##/####	
<input type="checkbox"/> Describe the value of patient education	##/##/####	
<input type="checkbox"/> Describe when proxy access to myUCLAhealth Bedside is applicable	##/##/####	

**Zoll R Series**

Note: N/A should only be selected for excluded units identified

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Apply Pads	##/##/####	Drop Down Choices: [Please select] Direct Observation N/A for Excluded Units
<input type="checkbox"/> AED <i>Excluded Units: NICU, PICU</i>	##/##/####	
<input type="checkbox"/> Defibrillation	##/##/####	
<input type="checkbox"/> Synchronized Cardioversion	##/##/####	
<input type="checkbox"/> EtCO2 Monitoring <i>Excluded Units: Adult ICUs, NICU, PICU</i>	##/##/####	
<input type="checkbox"/> Pacing	##/##/####	

**Zoll X Series**

Note: N/A should only be selected for excluded units identified

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Apply Pads	##/##/####	Drop Down Choices: [Please select] Direct Observation N/A for Excluded Units
<input type="checkbox"/> AED <i>Excluded Units: NICU, PICU</i>	##/##/####	
<input type="checkbox"/> Defibrillation	##/##/####	
<input type="checkbox"/> Synchronized Cardioversion	##/##/####	
<input type="checkbox"/> EtCO2 Monitoring <i>Excluded Units: Adult ICUs, NICU, PICU</i>	##/##/####	
<input type="checkbox"/> Pacing	##/##/####	

**Safe Patient Handling Equipment:**

**TAP (BMAT 3; under 150 lbs./68 kg.)**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for TAPS</li> <li>• State when to escalate to AirTAP</li> <li>• State recycling/disposal process</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environmental barriers (side rails/room equipment)</li> <li>• Press max inflate button on low air loss mattress</li> <li>• Use proper body mechanics, including hand grip placement and bed height</li> <li>• Place TAPS under patient</li> <li>• Use proper bed height during bed level activities and use of Trendelenburg position</li> <li>• Demonstrate boosting and lateral transfers with slide board</li> </ul>	##/##/####	

**SLIDEBOARD/ROLLBOARD (unable to assist):**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for TAPS/SHEET with slideboard</li> <li>• State when slideboard is indicated for lateral transfer</li> <li>• State cleaning process</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environmental barriers (side rails/room equipment)</li> <li>• Lock brakes on bed</li> <li>• Press max inflate button on low air loss mattress</li> <li>• Use proper body mechanics, including hand grip placement and bed height</li> <li>• Roll patient onto side with proper technique</li> <li>• Place slideboard under TAPS or sheet</li> <li>• Place transfer surface and lock brakes</li> <li>• Demonstrate lateral transfers with slideboard or sheet</li> </ul>	##/##/####	



**AIR TAP/XXL** (BMAT 1-2; over 150 lbs./68 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for Air TAP</li> <li>• State when to escalate to XXL AirTAP</li> <li>• State recycling/disposal process</li> </ul>	##/##/####	
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environmental barriers (side rails/room equipment)</li> <li>• Press max inflate button on low air loss mattress</li> <li>• Use proper body mechanics, including hand grip placement and bed height</li> <li>• Inflate Air TAP/XXL</li> <li>• Use proper bed height during bed level activities and use of Trendelenburg position</li> <li>• Demonstrate boosting and lateral transfers</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation

**MAXI MOVE** (BMAT 1; capacity 500 lbs./226.8 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for Maxi Move</li> <li>• State when to escalate to Bariatric device Tenor (brought by Lift Team)</li> <li>• State purpose and indications for limb sling</li> <li>• State proper cleaning procedure and recycling/disposal process</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environment barriers (side rails/room equipment)</li> <li>• Use proper body mechanics when pushing the Maxi Move</li> <li>• Confirm brakes are unlocked during use</li> <li>• Demonstrate proper sling placement in bed and chair</li> <li>• Demonstrate fall recovery and/or transfer bed-to-chair</li> <li>• Demonstrate proper use of limb sling</li> <li>• Identify the emergency lowering mechanism</li> </ul>	##/##/####	

**SARA PLUS** (BMAT 2; patient can sit, not stand; capacity 420 lbs./190.5 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for the Sara Plus</li> <li>• State how to select proper size sling</li> <li>• State proper cleaning procedures and recycling/disposal process</li> <li>• State when to escalate to Bariatric sit-to-stand device SteadyAid (used by PT/OT)</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environment barriers (side rails/room equipment)</li> <li>• Use proper body mechanics when pushing the Sara Plus</li> <li>• Demonstrate sit-to-stand using the sling (hook and unhook device)</li> <li>• Confirm brakes are unlocked when lowering patient</li> <li>• Demonstrate use of the emergency lowering mechanism</li> </ul>	##/##/####	

**SARA STEDY** (BMAT 3; patient can stand; capacity 400 lbs./181.4 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for the Sara Stedy</li> <li>• State proper cleaning procedures</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environment barriers (side rails/room equipment)</li> <li>• Use proper body mechanics when pushing the Sara Stedy</li> <li>• Confirm brakes are locked when lifting or lowering patient</li> <li>• Demonstrate sit-to-stand using gait belt</li> <li>• Demonstrate stand-to-sit</li> </ul>	##/##/####	

**Safe Patient Handling: Unit Specific**

**AMPUTEE SLING** (BMAT level 1 and 2. Amputee (above knee, below knee or double amputee; use if necessary); select size (Red S – 31-75 lbs. /14-34 kg., Yellow M – 75-145 lbs. /34-66 kg. , Green L – 145-250 lbs. /66-113 kg., and Purple XL – 250-500 lbs. /113-227 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for amputee sling</li> <li>• State location of amputee slings</li> <li>• State location of 2 point hanger bar</li> <li>• State when to escalate for amputee sling</li> <li>• State proper cleaning procedure and recycling/disposal process</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environmental barriers (side rails/room equipment)</li> <li>• Press max inflate button on low air loss mattress (application in bed)</li> <li>• Use proper body mechanics and bed height</li> <li>• Place amputee sling under patient</li> <li>• Use proper bed height during bed level activities</li> <li>• Demonstrate boosting in bed and OOB transfer to chair</li> </ul>	##/##/####	

<ul style="list-style-type: none"><li>• Place sling under patient (application in chair)</li><li>• Use proper body mechanics</li><li>• Demonstrate transfer chair back to bed</li></ul>		
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**GULDMANN CEILING LIFT** (BMAT 1-2; capacity 770 lbs./350 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for Guldman ceiling lift</li> <li>• State proper cleaning procedure and recycling/disposal process</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environment barriers (side rails/room equipment)</li> <li>• Use proper body mechanics when using the ceiling lift</li> <li>• Demonstrate proper handling and safety when using ceiling lift</li> <li>• Demonstrate proper sling placement in bed and chair</li> <li>• Demonstrate fall recovery and/or transfer bed-to-chair</li> <li>• Identify the emergency lowering mechanism</li> <li>• Return ceiling lift to designated location when not in use</li> </ul>	##/##/####	

**GOLVO** (BMAT 1-2; capacity 199kg. / 440 lbs.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for Golvo</li> <li>• State location of Golvo</li> <li>• State when to escalate to Bariatric device Maxi Move &lt; 500 lbs. or Tenor &gt; 500 lbs. (brought by Lift Team)</li> <li>• State cleaning process</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environment barriers (side rails/room equipment)</li> <li>• Use proper body mechanics when pushing the Golvo</li> <li>• Confirm brakes are unlocked during use</li> <li>• Demonstrate proper sling placement in bed and chair</li> <li>• Demonstrate fall recovery and/or transfer bed-to-chair</li> <li>• Identify the emergency lowering mechanism</li> </ul>	##/##/####	



**MATS** (Used only with Brachytherapy pts.) (BMAT 1-2; over 150 lbs./68 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for MATS</li> <li>• State when to escalate to</li> <li>• State recycling/disposal process</li> </ul>	##/##/####	
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environmental barriers (side rails/room equipment)</li> <li>• Press max inflate button on low air loss mattress</li> <li>• Use proper body mechanics, including hand grip placement and bed height</li> <li>• Inflate MATS</li> <li>• Use proper bed height during bed level activities and use of Trendelenburg position</li> <li>• Demonstrate boosting and lateral transfers</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation

**QUICKMOVE** (BMAT 3-4; capacity 170 kg. / 375 lbs.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for Quickmove</li> <li>• State location of Quickmove</li> <li>• State cleaning process</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environmental barriers (side rails/room equipment)</li> <li>• Use proper body mechanics</li> <li>• Demonstrate sit to stand using gait belt</li> <li>• Demonstrate use and adjustment of seat</li> </ul>	##/##/####	

**ROWALKER** (BMAT 3; patient can stand; capacity 396 lbs./179.6 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for the RoWalker</li> <li>• State proper cleaning procedures</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environmental barriers (side rails/room equipment)</li> <li>• Use proper body mechanics</li> <li>• Demonstrate adjustment of arm support (height adjustment)</li> <li>• Demonstrate sit to stand using gait belt</li> <li>• Demonstrate use and adjustment of red walking sling (attaches to RoWalker)</li> </ul>	##/##/####	

**SALLYTUBE** (under 794 lbs./360 kg.; unable to assist)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for the SallyTube</li> <li>• State when to escalate to AirTAP</li> <li>• State proper cleaning procedures and recycling/disposal process</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environmental barriers (side rails/room equipment)</li> <li>• Press max inflate button on low air loss mattress(s)</li> <li>• Use proper body mechanics, including hand grip placement and bed height</li> <li>• Demonstrate proper placement (SallyTube under sheet) and removal of assistive device</li> <li>• Demonstrate boosting and lateral transfers</li> </ul>	##/##/####	

**SARA FLEX (BMAT 2; patient can sit, not stand; capacity 440 lbs./199.6 kg.)**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for the Sara Flex</li> <li>• State how to select proper size sling</li> <li>• State proper cleaning procedures and recycling/disposal process</li> <li>• State when to escalate to Bariatric sit-to-stand device Steady aid (used by PT/OT)</li> </ul>	##/##/####	
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environment barriers (side rails/room equipment)</li> <li>• Use proper body mechanics when pushing the Sara Flex</li> <li>• Demonstrate sit-to-stand using the sling (hook and unhook device)</li> <li>• Confirm brakes are unlocked when lowering patient</li> <li>• Demonstrate use of the emergency lowering mechanism</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation

**VIKING (M)** (BMAT 1-2; capacity 199kg. / 440lbs.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> <li>• State purpose and contraindications for Viking (M)</li> <li>• State location of Viking (M)</li> <li>• State when to escalate to Bariatric device Tenor (brought by Lift Team)</li> <li>• State cleaning process</li> </ul>	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> <li>• Remove environment barriers (side rails/room equipment)</li> <li>• Use proper body mechanics when pushing the Viking (M)</li> <li>• Confirm brakes are unlocked during use</li> <li>• Demonstrate proper sling placement in bed and chair</li> <li>• Demonstrate fall recovery and/or transfer bed-to-chair</li> <li>• Identify the emergency lowering mechanism</li> </ul>	##/##/####	

**POCT Waived Test:**

**Accu-Chek Inform II**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: Direct Observation

**Clinitek**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: Direct Observation

**Clinitek Pregnancy**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: Direct Observation

**DCA Systems Hemoglobin A1C**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: Direct Observation

**Gastrocull**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: Direct Observation

**Hemocult**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: Direct Observation

**Hemocue**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: Direct Observation

**Hydrion pH Dipstick**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: Direct Observation

**QuickVue Dipstick Strep A**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: Direct Observation



Non-Waived Tests: will be validated by POCT staff

**Avoximeter 100E (AVOXimeter)**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: [Please select] Direct Observation Record Review Verbal Confirmation Written Quiz
<input type="checkbox"/> Accurate test result documentation	##/##/####	
<input type="checkbox"/> Accurate QC and maintenance documentation	##/##/####	
<input type="checkbox"/> Observation of maintenance or function checks	##/##/####	
<input type="checkbox"/> Assessment of test result performance accuracy	##/##/####	
<input type="checkbox"/> Evaluation of problem-solving skills	##/##/####	

**Hemochron Response ACT**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: [Please select] Direct Observation Record Review Verbal Confirmation Written Quiz
<input type="checkbox"/> Accurate test result documentation	##/##/####	
<input type="checkbox"/> Accurate QC and maintenance documentation	##/##/####	
<input type="checkbox"/> Observation of maintenance or function checks	##/##/####	
<input type="checkbox"/> Assessment of test result performance accuracy	##/##/####	
<input type="checkbox"/> Evaluation of problem-solving skills	##/##/####	

**Hemochron Signature ACT**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: [Please select] Direct Observation Record Review Verbal Confirmation Written Quiz
<input type="checkbox"/> Accurate test result documentation	##/##/####	
<input type="checkbox"/> Accurate QC and maintenance documentation	##/##/####	
<input type="checkbox"/> Observation of maintenance or function checks	##/##/####	
<input type="checkbox"/> Assessment of test result performance accuracy	##/##/####	
<input type="checkbox"/> Evaluation of Problem-solving skills	##/##/####	

**ISCUS FLEX Microdialysis Analyzer**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: [Please select] Direct Observation Record Review Verbal Confirmation Written Quiz
<input type="checkbox"/> Accurate test result documentation	##/##/####	
<input type="checkbox"/> Accurate QC and maintenance documentation	##/##/####	
<input type="checkbox"/> Observation of maintenance or function checks	##/##/####	
<input type="checkbox"/> Assessment of test result performance accuracy	##/##/####	
<input type="checkbox"/> Evaluation of Problem-solving skills	##/##/####	

**Radiometer ABL90 Blood Gas**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: [Please select] Direct Observation Record Review Verbal Confirmation Written Quiz
<input type="checkbox"/> Accurate test result documentation	##/##/####	
<input type="checkbox"/> Accurate QC and maintenance documentation	##/##/####	
<input type="checkbox"/> Observation of maintenance or function checks	##/##/####	
<input type="checkbox"/> Assessment of test result performance accuracy	##/##/####	
<input type="checkbox"/> Evaluation of Problem-solving skills	##/##/####	

**StatSensor Creatinine**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: [Please select] Direct Observation Record Review Verbal Confirmation Written Quiz
<input type="checkbox"/> Accurate test result documentation	##/##/####	
<input type="checkbox"/> Accurate QC and maintenance documentation	##/##/####	
<input type="checkbox"/> Observation of maintenance or function checks	##/##/####	
<input type="checkbox"/> Assessment of test result performance accuracy	##/##/####	
<input type="checkbox"/> Evaluation of Problem-solving skills	##/##/####	

**Urine Specific Gravity**

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique	##/##/####	Drop Down Choices: [Please select] Direct Observation Record Review Verbal Confirmation Written Quiz
<input type="checkbox"/> Accurate test result documentation	##/##/####	
<input type="checkbox"/> Accurate QC and maintenance documentation	##/##/####	
<input type="checkbox"/> Observation of maintenance or function checks	##/##/####	
<input type="checkbox"/> Assessment of test result performance accuracy	##/##/####	
<input type="checkbox"/> Evaluation of Problem-solving skills	##/##/####	